

CANDIDATE'S SPECIAL REPORT

(to be filed by a candidate or his principal campaign committee)

This form is filed during the 20 day period immediately preceding an election to report (1) all receipts from a single source in excess of \$1,000 by major office candidates, in excess of \$500 by district office candidates, or in excess of \$250 for any other office candidates, and/or (2) any payments exceeding \$200 to any person who endorses candidates and who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately preceding an election are required to report any such transaction on this form within 48 hours of the time the transaction occurred.

Hand deliver or mail to: CAMPAIGN FINANCE, 2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808

1. Qualifying Name and Address of Candidate:

Vernon R. Weeks
1919 First LA 707-
P.O. Box 209
Calvin, LA 70440

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

Winn Parish Sheriff

OFFICE USE ONLY

Spec
10/07
10/17

070 /353

3. Name and address of principal campaign committee
(Applicable only if candidate has a principal campaign committee)

4. Date of election October 20, 2007

Primary General (Check one)

5. a. Name of Person Preparing Report

Vernon R. Weeks

b. Daytime Telephone: 318-293-9578

6. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditure, has been made nor contributions received that are required to be disclosed have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 17th day of October, 2007

Missing numbered pages were
blank and contained no information
on them.


Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)

318-293-9578

Daytime Telephone Number


Signature of Treasurer

318-293-9578

Daytime Telephone Number

RECEIVED
CAMPAIGN FINANCE
DIVISION OF STATE
REVENUE
DEPARTMENT
10/17/07 10 AM 2:30

SCHEDULE B: LOANS RECEIVED

MAJOR OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$1,000 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

DISTRICT OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$500 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

ANY OTHER OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$250 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

1. Name and address of lender	2.
Sabine State Bank P.O. Box 470 Many LA 71449	a. Date <u>10/16/07</u> b. Interest rate <u>9.25</u> % (a.p.r.) c. Amount borrowed <u>\$ 3,000.00</u> d. Balance due <u>\$ 47,992.44</u>

3. Endorsers/Guarantors (Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Additionally, state the amount of liability for any endorser or guarantor whose liability is less than the entire amount borrowed.)

Verne S. Weeks
1919 Hwy 1332
Colvin LA 71410

1. Name and address of lender	2.
	a. Date _____ b. Interest rate _____ % (a.p.r.) c. Amount borrowed _____ d. Balance due _____

3. Endorsers/Guarantors (Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Additionally, state the amount of liability for any endorser or guarantor whose liability is less than the entire amount borrowed.)

1. Name and address of lender	2.
	a. Date _____ b. Interest rate _____ % (a.p.r.) c. Amount borrowed _____ d. Balance due _____

3. Endorsers/Guarantors (Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Additionally, state the amount of liability for any endorser or guarantor whose liability is less than the entire amount borrowed.)